

Mono County Community Development Department

P.O. Box 347
Mammoth Lakes, CA 93546
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monocounty@qnet.com

Planning Division

P.O. Box 8
Bridgeport, CA 93517
(760) 932-5217 Fax 932-5246
northmono@qnet.com

SPECIFIC PLAN APPLICATION REQUIREMENTS

- A. Complete application form and project information preliminary review form
- B. Project processing deposit of \$1,750.00:
- C. Environmental Review deposit(s) (CEQA):
Negative Declaration -- \$890.00. Environmental Impact Report -- \$890.00 is a deposit for the initial study only.
- D. Lack of the following information may delay the processing of your Specific Plan application. A specific plan shall include a text and a diagram or diagrams which specify all of the following in detail (Govt. Code 65451 and 65452):

- _____ The distribution, location, and extent of the uses of land, including open space, within the area covered by the plan.
- _____ The proposed distribution, location, and extent and intensity of major components of public and private transportation, sewage, water, drainage, solid waste disposal, energy, and other essential facilities proposed to be located within the area covered by the plan and needed to support the land uses described in the plan.
- _____ Standards and criteria by which development will proceed, and standards for the conservation, development, and utilization of natural resources, where applicable.
- _____ A program of implementation measures including regulations, programs, public works projects, and financing measures necessary to carry out the items above and complete the project.
- _____ The specific plan shall include a statement of the relationship of the specific plan to the general plan and a complete Project Information Form.

Note: The specific plan may address any other subjects which in the judgment of the planning agency are necessary or desirable for implementation of the general plan.

The items checked above have been included in the Specific Plan.

Signature

Date

SPECIFIC PLAN APPLICATION

APPLICATION # _____

DATE RECEIVED _____

FEES RECEIVED _____

BY _____

RECEIPT # _____

CHECK # _____

CASH _____

TO BE COMPLETED BY APPLICANT

NAME OF APPLICANT/AGENT _____

ADDRESS _____
(Street, Box #) (City) (State) (Zip)

TELEPHONE # _____

NAME OF OWNER, IF OTHER THAN APPLICANT _____

ADDRESS _____
(Street, Box #) (City) (State) (Zip)

TELEPHONE # _____

DESCRIPTION OF PROPERTY

Assessor's Parcel Number(s) _____

General Plan Designation _____ Zoning _____

DESCRIBE THE PROPOSED PROJECT: (Use additional sheets, if necessary). Note: An incomplete or inadequate project description may delay project processing.

I CERTIFY UNDER PENALTY OF PERJURY that I am: ☐ legal owner(s) of the subject property (all individual owners must sign as their names appear on the deed to the land), ☐ corporate officer(s) empowered to sign for the corporation, or ☐ owner's legal agent having Power of Attorney for this action (a notarized "Power of Attorney" document must accompany the application form), AND THAT THE FOREGOING IS TRUE AND CORRECT.

Signature

Date

Signature

Date